

# Rhonda R. Pais, MSW, LICSW

*Licensed Clinical Social Worker*

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## Notice of Privacy Practices Receipt and Acknowledgment of Notice

Patient/Client Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

### Acceptance

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Rhonda R. Pais', LICSW Notice of Privacy Practices. I understand that if I have any questions regarding the notice or my privacy rights, I can contact Rhonda R. Pais, LICSW directly at (781) 974-6895.

\_\_\_\_\_  
*Patient/Client*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent, Guardian, or Personal Representative<sup>1</sup>*

\_\_\_\_\_  
*Date*

### Refusal

Patient/Client refuses to acknowledge receipt.

\_\_\_\_\_  
*Staff Member*

\_\_\_\_\_  
*Date*

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<sup>1</sup> If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual, ie. power of attorney, healthcare surrogate, etc.